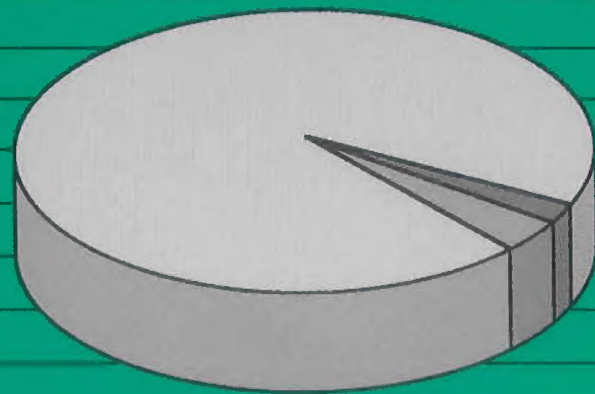


Nigeria




**Demographic and
Health Survey
1990**

SUMMARY

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 1990 SUMMARY

Background	3
Fertility	5
Current Levels	5
Marriage	6
Fertility Preferences	6
Teenage Pregnancy and Motherhood	7
Family Planning	8
Knowledge of Contraception	8
Use of Contraception	9
Unmet Need for Family Planning Services	10
Maternal and Child Health	11
Infant and Child Mortality	11
Antenatal Care and Assistance at Delivery	12
Immunisation	13
Treatment of Childhood Diseases	13
Breastfeeding	14
Nutritional Status of Children	15
Availability of Family Planning and Health Services	16
Conclusions	17
Fact Sheet	19





This report summarises the findings of the 1990 Nigeria Demographic and Health Survey (NDHS) conducted by the Federal Office of Statistics of Nigeria. IRD/Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development.

The NDHS is part of the worldwide Demographic and Health Surveys (DHS) programme, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the Nigeria survey may be obtained from the Federal Office of Statistics, P.M.B. 12528, 36/38 Broad Street, Lagos Island, Lagos, Nigeria. Additional information about the DHS programme may be obtained by writing to: DHS, IRD/Macro International Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone 410-290-2800; Telex 198116; Fax 410-290-2999).



Background

The Nigeria Demographic and Health Survey (NDHS) is a nationally representative survey of women age 15-49. All states in the Federal Republic of Nigeria were covered by the survey, with the aim of gathering reliable statistics on the demographic structure of the population and health practices nationwide. Data collection took place two years after implementation of the National Policy on Population and addresses issues raised by that policy.

Fieldwork for the NDHS was conducted in two phases: from April to July 1990 in the southern states and from July to October 1990 in the northern states. Interviewers collected information on the reproductive histories of 8,781 women and on the health of their 8,113 children under the age of five years. The survey provides information on fertility, family planning, infant and child mortality, maternal care, vaccination status, breastfeeding, and nutrition.

The Nigeria Demographic and Health Survey was conducted by the Federal Office of Statistics of the Government of Nigeria. IRD/Macro International Inc. provided financial and technical assistance to the project through a contract with the U.S. Agency for International Development.



Photography:
Kia I. Reinis, IRD/Macro International

Fertility

Current Levels

With a population of over 100 million people, Nigeria is nearly twice the size of any other African country, and it is growing at a rate of more than 3 percent per annum. At this rate, the population will double in 21 years.

- At current fertility levels, a Nigerian woman will have an average of 6 children by the end of her reproductive years (excluding pregnancies lost to abortion or stillbirth) according to the NDHS. However, there is evidence that births in the five years preceding the survey were underestimated and that the total fertility rate is actually higher than 6.0. (The 1981/82 Nigeria Fertility Survey and the 1980 Nigeria Demographic Sample Survey also underestimated the number of births in the preceding years.)

At current fertility levels, a Nigerian woman will have an average of six children during her reproductive years.

- There are major regional and educational differences in fertility. Women in the North have, on average, one child more than women in the South (6.6 versus 5.5), and women with no education have two children more than women who have completed secondary or higher schooling (6.5 versus 4.2).
- Birth intervals are relatively short (a median of 30 months) in both urban and rural areas, in every region of the country, and at every educational level.

Figure 1
Current and Past Fertility

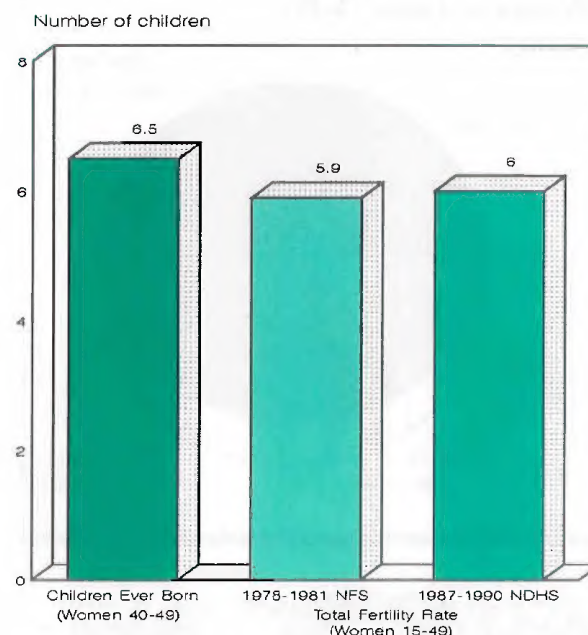


Figure 2
Total Fertility Rate by Region and Education

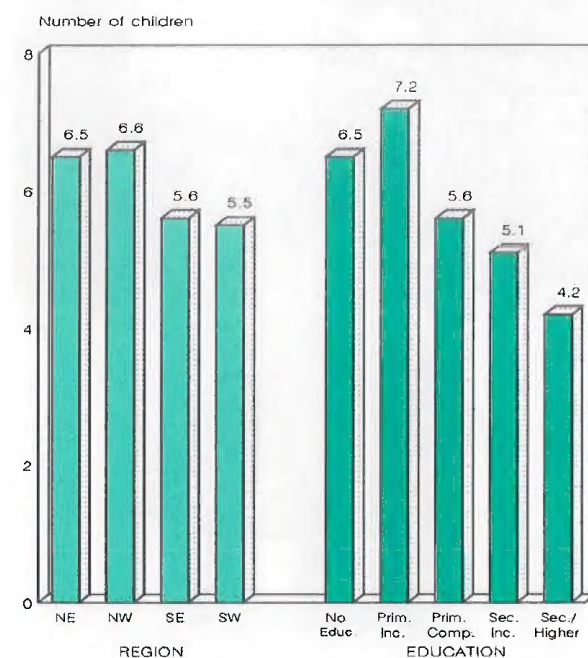
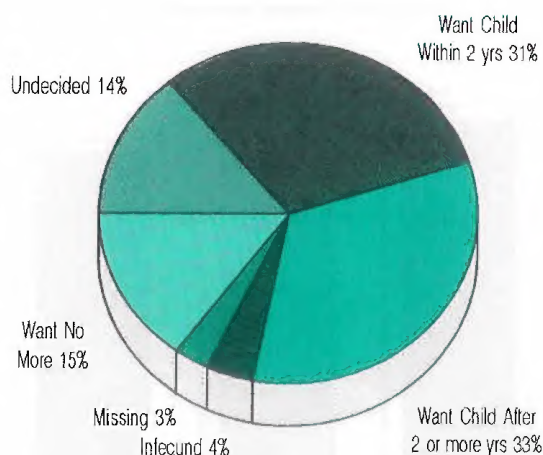


Figure 3
Fertility Preferences
(Women in Union 15-49)



Marriage

- Three-quarters of Nigerian women are currently married (i.e., in a formal or informal union). Age at first marriage varies by region. In the North, women continue to follow the traditional pattern and marry early, at a median age of 15. In the South, however, women are marrying later. Among younger women, the median age at first marriage is over 19 in the Southeast and over 20 in the Southwest.

Half of all women are married by age 17.

- Forty-one percent of currently married women are in a polygynous union. Polygyny occurs in all regions and socioeconomic groups. It ranges from 30 percent in the Southeast to 50 percent in the Northwest.

Fertility Preferences

- Two-thirds of currently married women would like to have another child sometime in the future. Half of these women, however, would like to wait two years or longer before having the next child. Another 15 percent of the women do not want any more children at all. Thus, half of all married women in Nigeria either want to space or to limit their births.

Half of all married women would like either to postpone their next birth at least two years or to have no more children.

- The average desired family size is 5.8 children, which is slightly less than the 6 children women are actually having. Fully 61 percent of the women, however, did not specify the number of children they would like to have; most of these women said it was "up to God." The reluctance of these mostly rural and less educated women to specify a number has probably caused ideal family size to be underestimated.
- The most educated women want smaller families than women with no education (4.6 versus 6.9 children), while urban women want fewer children than their rural counterparts (5.0 versus 6.3). Ideal family size also varies by region, ranging from 5.0 in the Southwest to 6.7 in the Northwest.

Teenage Pregnancy and Motherhood

- At the time of the survey, 28 percent of all teenagers (women age 15-19 years) were already mothers or were pregnant with their first child. Half of Nigerian women become mothers before the age of 20.

More than a quarter of teenagers either are pregnant or already have children.

- Teenagers in the North have births at twice the rate of those in the South: 20 births per 100 teens in the North compared with 10 births per 100 teens in the South. Nearly half of teens in the North have already begun childbearing, versus 14 percent in the South.

Figure 4
Teenage Pregnancy and Motherhood

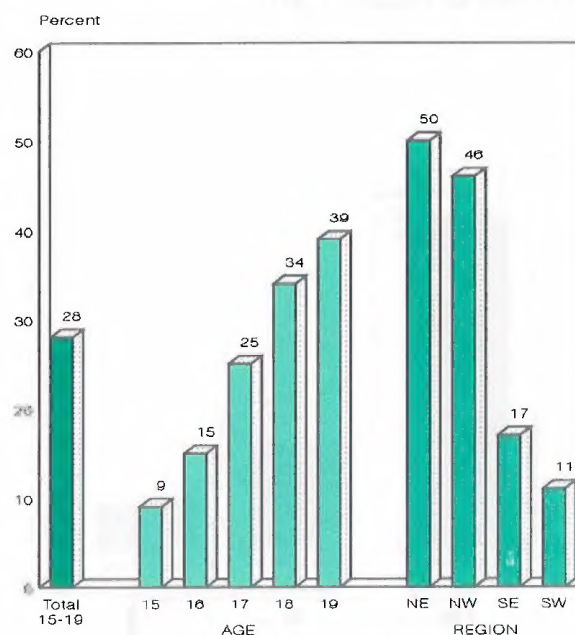
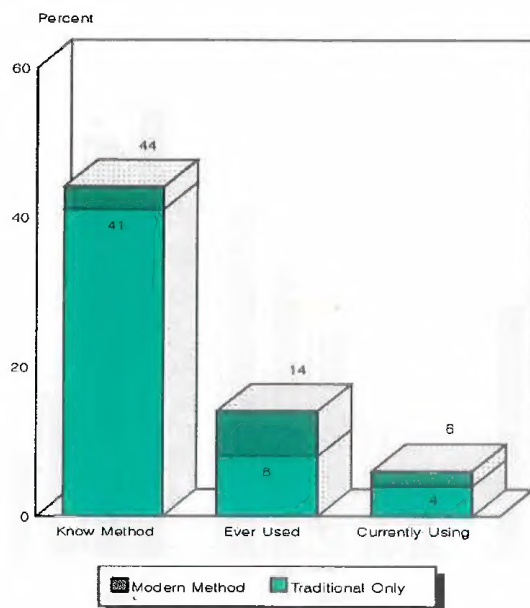


Figure 5
Knowledge and Use of Family Planning
(Women in Union 15-49)



Family Planning

Knowledge of Contraception

- Knowledge of contraception remains low, although it has increased over the last ten years. The NDHS found that 46 percent of women know of a contraceptive method (44 percent know a modern method). In contrast, the 1981/82 Nigeria Fertility Survey found that only 34 percent of women had heard of any contraceptive method.

Only 46 percent of women know of a contraceptive method.

- Contraceptive knowledge varies greatly by urban-rural residence, region, and educational attainment. Twice as many urban as rural women know of at least one contraceptive method (70 versus 36 percent). Women living in the Southwest are three times as likely to know a method as those living in the Northeast (71 versus 22 percent). The greatest difference in knowledge of contraception is between women who have completed secondary or higher education and women with no education (91 versus 29 percent).

Use of Contraception

- Only 6 percent of married women currently use a contraceptive method (3.5 percent use a modern method, and 2.5 percent use a traditional method). These levels, while low, reflect an increase over the past decade: ten years ago just 1 percent of Nigerian women were using a modern family planning method.

Six percent of married women are currently using a contraceptive method.

- The pill, IUD, and injection are the most popular modern methods among married couples: each is used by about 1 percent of currently married women. However, the single most widely used method is periodic abstinence (rhythm method), used by just over one percent of married women.
- Certain groups of women are more likely to use a contraceptive method than others. For example, 15 percent of urban women use a method, as do 15 percent of women in the Southwest, and 28 percent of women who have completed secondary or higher education. The level of contraceptive use is much lower among rural women (4 percent), women in the Northwest (1 percent), and women with no education (2 percent).

Figure 6
Current Use of Family Planning by Selected Characteristics
(Women in Union 15-49)

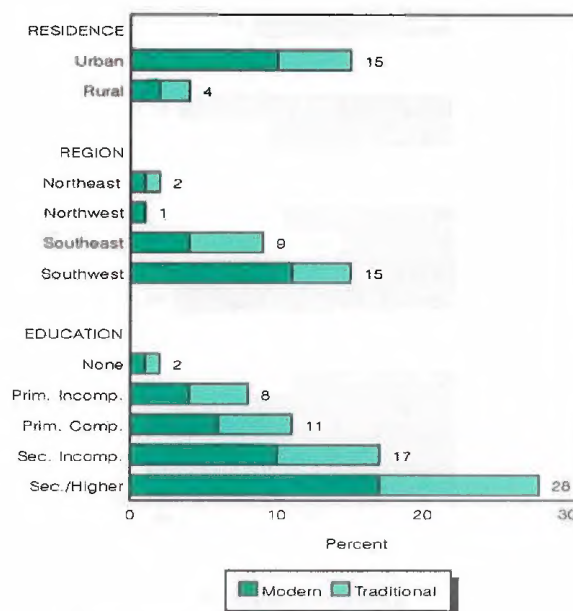
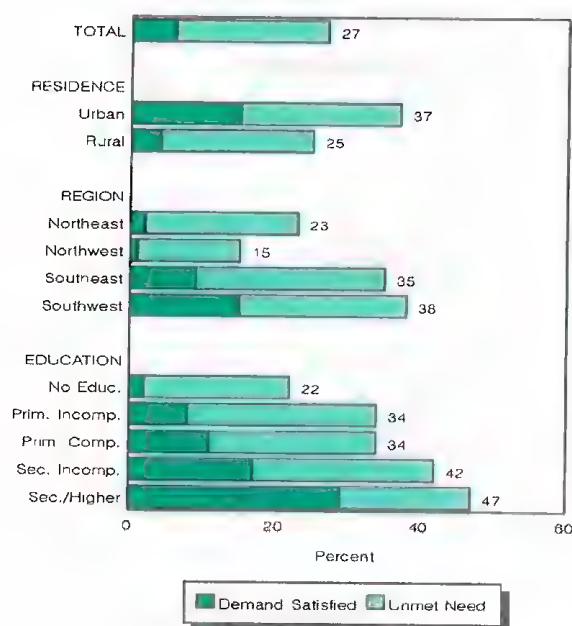


Figure 7
Demand for Family Planning by Selected
Characteristics
(Women in Union 15-49)



Unmet Need for Family Planning Services

- Twelve percent of currently married women in Nigeria have an unmet need for family planning to space their births. These include women who want to wait two years or more for their next birth, but are not using a family planning method; pregnant women whose pregnancy was mistimed; and amenorrhoeic women whose last birth was mistimed.
- Another 9 percent of currently married women have an unmet need for family planning to limit (stop) births. These include women who want no more children, but are not currently using family planning; pregnant women whose pregnancy was unwanted; and amenorrhoeic women whose last child was unwanted.
- The vast majority of births in the last five years were wanted at the time they were conceived. Only 2 percent were unwanted, while 8 percent were wanted at a later date.

Twenty-one percent of married women have an unmet need for family planning.



Maternal and Child Health

Infant and Child Mortality

- Nearly 1 in 5 children dies before their fifth birthday. The under-five mortality rate is 192 deaths per 1,000 live births (for the five years preceding the survey).
- In Nigeria, as in several other West African countries, mortality is relatively higher during childhood (age 1 to 4) than infancy. Of every 1,000 babies born, 87 die during their first year of life. For every 1,000 children alive at their first birthday, 115 die before reaching their fifth birthday.

Nearly 1 in 5 children dies before the age of five.

- There has been little improvement in infant and child mortality during the past 15 years. Infant mortality fell from 99 to 87 deaths per 1,000, while child mortality remained virtually unchanged, at about 115 per 1,000. Total under-five mortality declined by about 9 points during the period, from 201 to 192 deaths per 1,000 live births.
- Differentials in mortality are greater in childhood than in infancy. Infant mortality levels are similar in the Northeast and Southeast, but child mortality in the Northeast is more than double that in the Southeast (139 versus 67 per 1,000).

Figure 8
Trends in Infant and Child Mortality

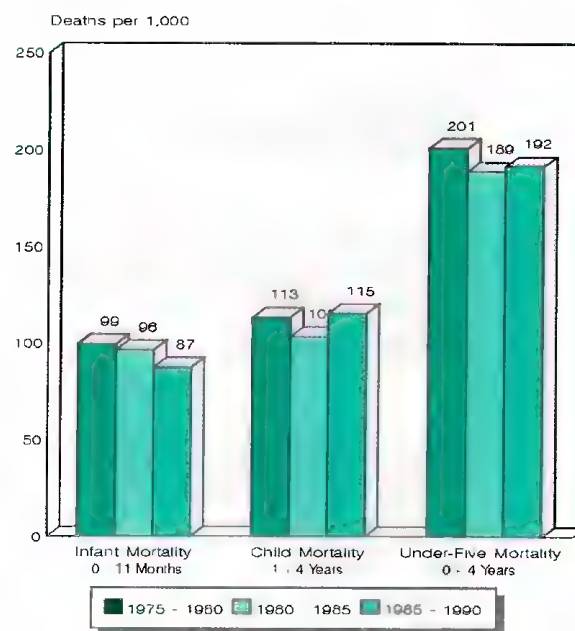


Figure 9
Infant Mortality by Selected Characteristics

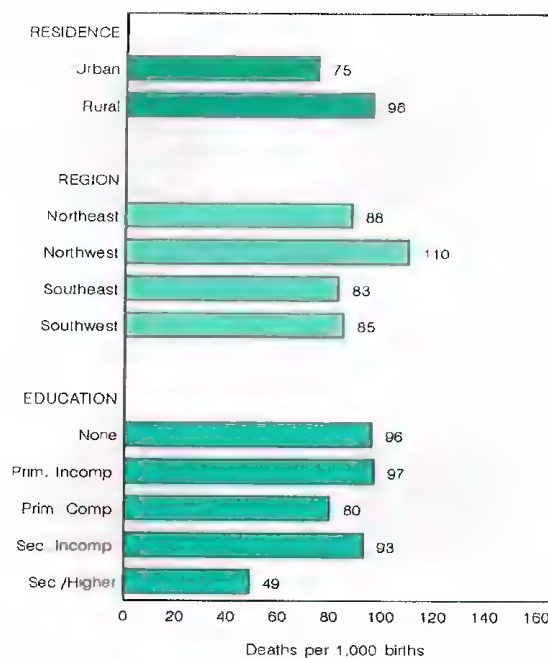


Figure 10
Child Mortality (1-4 Years) by Selected Characteristics

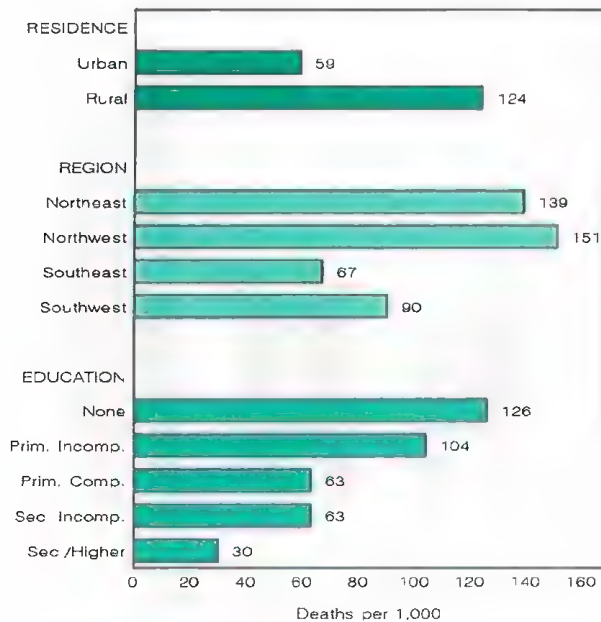
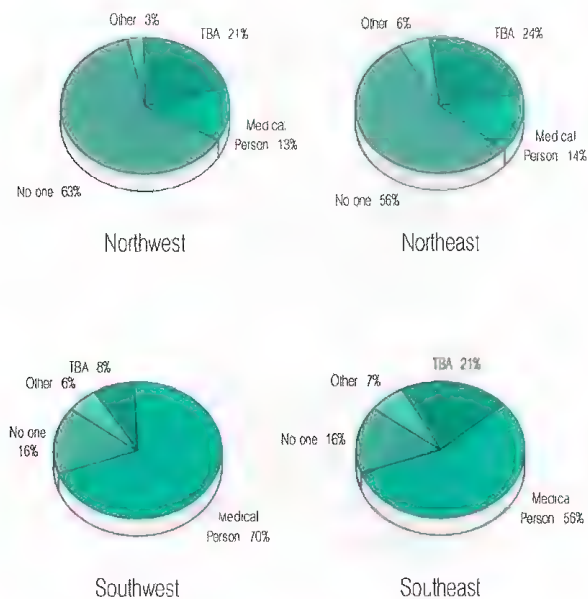


Figure 11
Assistance During Delivery by Region



- Child mortality is twice as high in rural as in urban areas (124 versus 59 per 1,000). There are equally great disparities between different regions of the country, with child mortality ranging from a low of 67 in the Southeast to a high of 151 in the Northwest.
- Children of uneducated women are twice as likely to die as children whose mothers have at least a primary education (126 versus 63 per 1,000).

Antenatal Care and Assistance at Delivery

- Mothers received no antenatal care for one-third of the births between 1985 and 1990.
- Delivering babies at home is common, especially in the North. There, 9 of 10 babies are born at home. In contrast, 38 percent of infants in the Southeast and 25 percent in the Southwest are delivered at home.
- Women had no assistance at delivery for 60 percent of the births in the North and for 16 percent of the births in the South. In the South, the majority of babies are delivered with some kind of medical assistance, most often a trained nurse or midwife.

Over 60 percent of babies are delivered at home.

Vaccinations

- More than one-third of children age 12-23 months have never been vaccinated. The least protected children are those in the Northeast and those born to mothers with no education. Over half these children have never been vaccinated.
- Sixty percent of children age 12-23 months have received the first dose in the three-dose series of DPT and polio vaccinations. Only 33 percent have completed the series, however.
- Half the children in the South have completed the polio and DPT series, compared with only 1 in 6 children living in the North.
- Less than half of children age 12-23 months have been vaccinated against measles, and only 28 percent received the vaccination before their first birthday.

Less than a third of children age 12-23 months are fully vaccinated.

Treatment of Childhood Diseases

- Eighteen percent of children under five years of age had diarrhoea during the two weeks preceding the survey. Most did not receive the recommended treatment (oral rehydration therapy). Twelve percent were given a solution prepared from ORS packets, while 24 percent received home solution (sugar, salt and water).
- Fluids were more often curtailed than increased during diarrhoeal episodes. Ten percent of the children were given increased fluids during their bouts of diarrhoea, while as many as 31 percent of the children were given less fluids. Most mothers made no change in the number of feeds given to breastfeeding children when they had diarrhoea.

Figure 12
Vaccination Coverage Among Children Age 12-23 Months

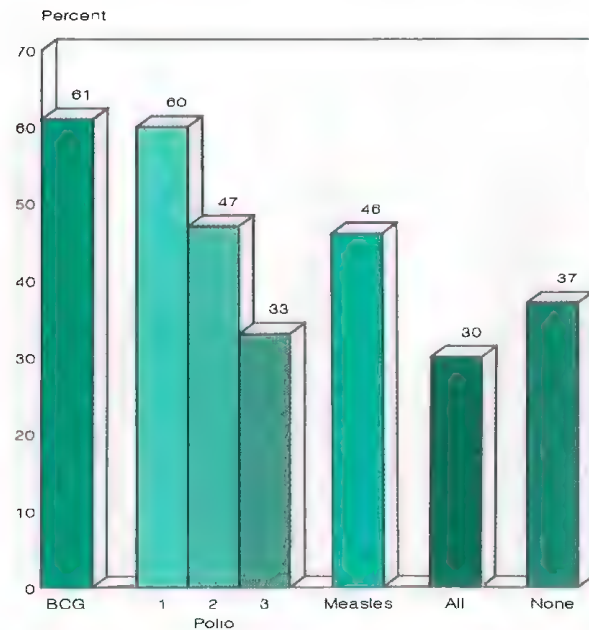
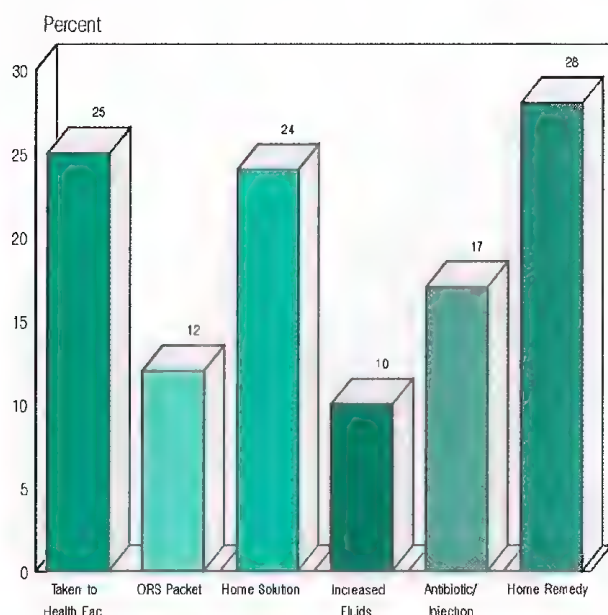


Figure 13
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey
(Children Under Five)



Most children with diarrhoea do not receive oral rehydration therapy.



- During the two weeks preceding the survey, 7 percent of children under age five had symptoms of acute lower respiratory infection (coughing and short, rapid breathing). Thirty-five percent of these children visited a health facility of some kind.

Breastfeeding

- Breastfeeding is nearly universal and is prolonged: 97 percent of babies are breastfed. At age 12-13 months, 88 percent of infants are still being breastfed. The median duration is 20 months.
- Supplements are introduced early. Only 2 percent of babies under 2 months of age are fed only breast milk. Most (57 percent) are also given water, while 38 percent receive other supplements. At age 2-3 months, 57 percent receive supplements other than water.
- Thirty-six percent of newborns age 0-1 month were given a bottle with a nipple in addition to being breastfed.
- At age 12-13 months, most children (72 percent) receive both breast milk and supplements. However, 17 percent remain on a diet of breast milk and water only, while 11 percent are no longer breastfeeding.

While nearly all babies are breastfed, supplements are frequently introduced during the first months of life.

Nutritional Status of Children

- Forty-three percent of children under the age of five are short for their age (stunted), relative to an international reference population. Stunting reflects chronic undernutrition: when children are fed inadequately over a number of years, their growth is retarded.
- Nine percent of children under five are wasted, that is, their weight is low in relation to their height. Wasting suggests acute undernutrition in recent months and may be related to illness.
- Undernutrition is most prevalent in the North, where half the children are stunted and more than 10 percent are wasted. Nutritional problems are also more common in rural areas and among children of uneducated mothers.

Half the children in the North suffer from chronic under-nutrition.

Figure 14
Chronic Undernutrition (Stunting) Among Children Under Five

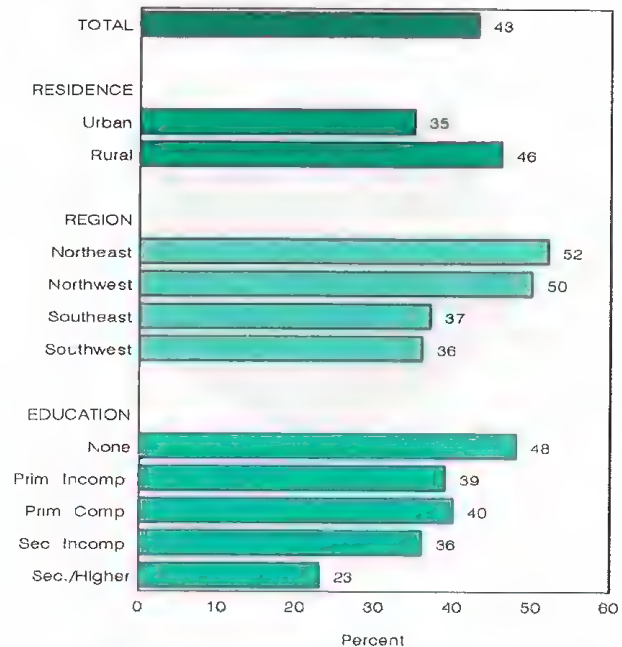
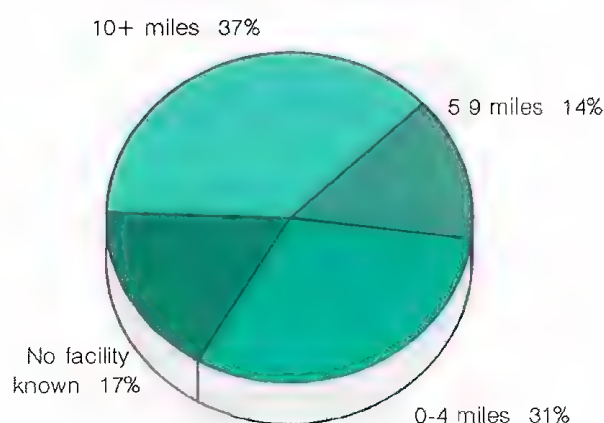
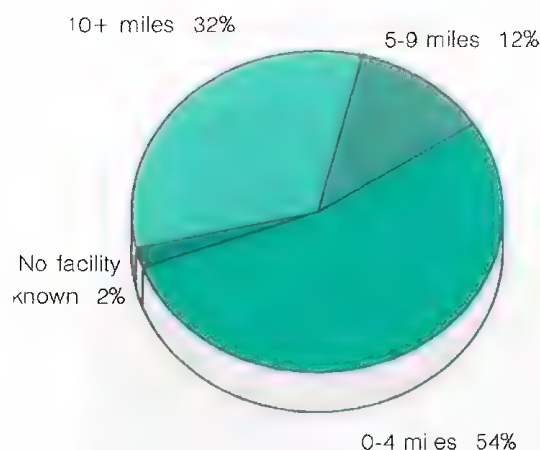


Figure 15
**Nearest Facility Providing Family Planning/
 Health Services**
(Rural Women in Union 15-49)



Family Planning Services



Health Services

Availability of Family Planning and Health Services

The availability of family planning and health services was assessed at the community, rather than at the individual level. The results for a particular sampled area were then assigned to each of the women interviewed in that area.

- Eighty-three percent of rural women live in communities where informants were able to identify a facility that provides family planning services. Practically all women live in communities where informants could identify a facility offering maternal and child health services.
- Overall, nonusers live farther away from a source of family planning services than do users. Thirty-seven percent of nonusers, compared to 17 percent of users, live 10 miles or more from a facility that offers family planning. However, many rural nonusers (30 percent) live within 5 miles of such a facility.

Thirty-seven percent of rural women live ten or more miles from a facility that offers family planning services.

- Family planning outreach services are much less available than maternal and child health outreach services. Only 10 percent of currently married rural women live in communities served by a health worker providing family planning outreach services, whereas, 56 percent live in communities served by a health worker providing maternal and child health outreach services.

Conclusions

Fertility and Family Planning

Fertility remains high in Nigeria, and contraceptive use is limited. That situation is not likely to change until there is a drop in desired family size and until the idea of reproductive choice is more widely accepted. At present, average ideal family size is essentially the same as the total fertility rate: six children per woman. Thus, the vast majority of births are wanted. At the same time, less than half of married women know of a contraceptive method.

Family planning efforts have not been without success, however, and the potential demand for family planning is substantial. Fifteen percent of currently married urban women are using a contraceptive method, and half of all currently married women want either to postpone their next birth or to stop childbearing. With increased knowledge about family planning and perhaps better access to services in rural areas, Nigerian women may be more likely to adopt family planning.

National statistics mask dramatic variations in fertility and family planning between urban and rural areas, among different regions of the country, and by women's educational attainment. Women who are better educated, from urban areas, or live in the South want and have fewer children than other women and are more likely to know of and use contraception. Women in the South are also likely to marry and begin childbearing several years later than women in the North.





Maternal and Child Health

One of every five Nigerian children dies before reaching their fifth birthday, and there has been little improvement in infant and child mortality over the past fifteen years. In addition, 43 percent of the children under five are chronically undernourished. These problems are more severe in rural areas and in the North. Child mortality (age 1 to 4 years) in rural areas, for example, is twice that in urban areas.

Preventive and curative health services have yet to reach many women and children. Most infants are delivered at home, and pregnant women receive no antenatal care and deliver unassisted about a third of the time. One-third of the infants are never vaccinated, and only 30 percent are fully immunised against childhood diseases. When they are ill, most young children go untreated. For example, only about one-quarter of children with diarrhoea are given oral rehydration therapy.

Women and children living in rural areas and in the North are much less likely than others to benefit from health services. Almost four times as many births in the North are unassisted as in the South, and only one-third as many children complete their polio and DPT vaccinations. Programmes to educate women about the need for antenatal care, immunisation, and proper treatment for sick children should perhaps be aimed at mothers in these areas.

Mothers everywhere need to learn about the proper time to introduce various supplementary foods to breastfeeding babies. Nearly all breastfeeding infants are given water, formula, or other supplements within the first two months of life, which both jeopardises their nutritional status and increases the risk of infection.

Fact Sheet

United Nations World Population Chart 1990

Total population (millions)	108
Urban population (percent)	35
Population growth rate (percent)	3.3
Population doubling time (years)	21
Crude birth rate (per 1,000 population)	49
Crude death rate (per 1,000 population)	16
Life expectancy at birth (years)	51

Nigeria Demographic and Health Survey, 1990

Sample Population

Women age 15-49	8,781
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Background Characteristics of Women Interviewed

Percent urban	24.9
Percent with no education	57.2
Percent completed primary or higher	33.8
Percent completed secondary or higher	10.2

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	78.3
Percent of women 15-49 ever married	82.8
Median age at first marriage among women age 25-49	16.9
Median age at first birth among women age 25-49	19.7
Median duration of breastfeeding (in months) ¹	19.5
Median duration of postpartum amenorrhoea (in months) ¹	14.6
Median duration of postpartum abstinence (in months) ¹	10.8

Fertility

Total fertility rate ²	6.0
Mean number of children ever born to women age 45-49	6.8

Desire for Children

Percent of currently married women who:	
Want no more children	15.1
Want to delay their next birth at least 2 years	32.8
Mean ideal number of children among all women 15-49 ³	5.8
Percent of women giving a non-numeric response to ideal family size	60.8
Percent of births in the last 5 years which were:	
Unwanted	2.3
Mistimed	8.1

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	43.6
Knowing a modern method	41.2
Knowing a modern method and knowing a source for the method	31.2
Had ever used any method ⁴	14.0
Currently using any method	6.0

Percent of currently married women currently using:

Pill	1.2
IUD	0.8
Injection	0.7
Foaming tablets	0.1
Condom	0.4
Female sterilisation	0.3
Periodic abstinence	1.4
Withdrawal	0.5
Other traditional	0.6

Mortality and Health

Infant mortality rate ⁵	87.2
Under-five mortality rate ⁵	192.4

Percent of births⁶ whose mothers:

Received antenatal care from a doctor/trained nurse/midwife ⁷	56.5
Received 2 or more tetanus toxoid injections	40.9

Percent of births⁶ whose mothers were assisted at delivery by:

Doctor or nurse/midwife	30.8
Traditional birth attendant	19.2
No one	38.6

Percent of children 0-1 month who are breastfeeding 96.9 |

Percent of children 4-5 months who are breastfeeding 96.4 |

Percent of children 10-11 months who are breastfeeding 92.9 |

Percent of children 12-23 months with health cards 34.7 |

Percent of children 12-23 months who received:⁸

BCG	60.7
DPT (three doses)	33.3
Polio (three doses)	33.4
Measles	46.0
All vaccinations	29.6

Percent of children under 5 years who:

Had diarrhoea in the 2 weeks preceding the survey	17.9
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	6.7
Had a fever in the 2 weeks preceding the survey	32.6
Are chronically undernourished (stunted) ⁹	43.1
Are acutely undernourished (wasted) ⁹	9.1

¹ Current status estimate based on births during the 36 months preceding the survey

² Based on births to women 15-49 years during the period 0-3 years before the survey

³ Excludes women who gave a non-numeric response to ideal family size (61 percent of women 15-49)

⁴ Includes users of prolonged breastfeeding

⁵ Rates are for the period 1-59 months preceding the survey (mid-1985 to mid-1990)

⁶ Births in the 1-59 months preceding the survey

⁷ Excludes auxiliary midwife

⁸ Based on information from vaccination cards or mothers' reports

⁹ Stunting assessed by height-for-age, wasting assessed by weight-for-height; the percent undernourished are those below -2 SD from the median of the international reference population, as defined by the U.S. National Centre for Health Statistics, and recommended by the World Health Organisation.

